



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-14-3381-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

July 11, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...Licensed Professional Counselor, Andrea Zuflacht, M.S., L.P.C. (Nueva Vida Behavioral Clinical Director) met with ... treating Dr. Anh Pham DC., Shawna Carreon, Erica Contreras BA., and Leticia Cortez LPC-S., to coordinate his plan of care. The service the HCP (Nueva Vida Behavioral Health), who is contracted with Texas Mutual billed **99361-Case Management**, which is allowed to be used under the **Medical Fee Guidelines for Worker's Compensation Specific Services §134.204**. ...The rule states, 'Team conferences may occur, and be billed for, more than once every 30 days if the conferences are for the purpose of 1) coordinating return to work options with the employer, employee, or an assigned medical or vocational case manager; 2) developing or revising a treatment plan; 3) altering or clarifying previous instructions; 4) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties.' **Our documentation clearly shows this information and the purpose of the conference.** ...

Persuant to the Texas Department of Worker's Compensation Medical Fee Guidelines subchapter C §134.204 *Medical Fee Guideline for Worker's Compensation Specific Services (1) (e)*, we are the referring HCP and we are billing for case management services. Please do not deny payment for this service as we are within the medical fee guidelines to bill for this service. Case Management services shall be billed and reimbursed as follows: (A) CPT code 99361 (ii) Reimbursement to the referral HCP shall be \$28 when HCP contributes to the case management activity. "

**Amount in Dispute:** \$112.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The requestor billed code 99361 for services provided 11/4/13, 12/9/13, 3/3/14, and 4/7/14. (See requestor's DWC-60 packet.) Rule 134.204(e)(2) states Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee.' None of the documentation associated with the disputed dates documents a change in the claimant's condition, coordination of medical treatment, and/or return to work.

No payment is due."

**Response Submitted by:** Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, TX 78723

## ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 4, 2013 December 9, 2013 March 3, 2014 April 7, 2014	Team Conferences	\$112.00	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 (e) sets out the billing and reimbursement procedures for team conferences.
3. 28 Texas Administrative Code §133.210 sets out the procedures for submitting medical documentation.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - CAC-W1 – Workers Compensation State Fee Schedule Adjustment
  - 744 – Does not meet the definition of case management per DWC Rule 134.202 and/or 134.204
  - 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 724 – No additional payment after a reconsideration of services. For information call 1-800-937-6824
  - 891 – No additional payment after reconsideration

### **Issues**

1. Do the services provided meet the definition of case management per DWC Rule 134.204 or CPT Code 99361?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.204 (e) states, "Case Management Responsibilities by the Treating Doctor is as follows: (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team. (A) Team members shall not be employees of the treating doctor. (B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call. (2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee. (3) Contact with one or more members of the interdisciplinary team more often than once every 30 days shall be limited to the following: (A) coordinating with the employer, employee, or an assigned medical or vocational case manager to determine return to work options; (B) developing or revising a treatment plan, including any treatment plans required by Division rules; (C) altering or clarifying previous instructions; or (D) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties."

CPT Code 99361 is defined as "Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes."

Review of the submitted documentation does not support that the case management included coordination with an interdisciplinary team, or that the Treating Doctor was involved in the conference, as the participants' names are illegible. Therefore, the request does not meet the definition of case management per DWC Rule

134.204. There is also no indication of the time spent on the conference. Therefore, the request does not meet the definition of CPT Code 99361.

2. The preamble to 28 Texas Administrative Code §134.204 (e) effective March 1, 2008, 33 TexReg 364 states, "The section requires the treating doctor to provide identification of HCPs that contribute to the case management activity as well as documentation listing the purpose and outcome of team conferences or phone calls, thus eliminating this burden from the referral health care providers as well. The reimbursement amount for the treating doctor's services takes into account this responsibility of providing documentation when billing for case management services. Conversely, the lower reimbursement amount allotted to other HCPs participating in the case management activities is reflective of less responsibility in the case management activities, including not having to routinely provide documentation when billing for case management."

28 Texas Administrative Code §133.210 (b) states, "When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents."

Therefore, while it is not required for referral health care providers involved in a team conference to provide documentation, if documentation is provided, it must be in legible form. Because the participants in the conference were not legible and the request does not meet the definition of case management or CPT Code 99361, the requestor has not established entitlement to reimbursement.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	<u>Laurie Garnes</u>	<u>December 29, 2014</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**